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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/936489	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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46	/		/				96						
47	/		/				97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.	/		7				TOTAL IND.						
TOTAL DEP.	10		15				TOTAL DEP.						
TOTAL CLAIMS	13		22				TOTAL CLAIMS						